



## **WISCONSIN LEGISLATIVE COUNCIL REPORT TO THE LEGISLATURE**

### **Legislation on Dental Care Access**

- 2001 Senate Bill 166 and 2001 Assembly Bill 366, Relating to the State Contract for Dental Education; Authorizing Licensed Dental Health Professional Positions in the Department of Health and Family Services; Funding for Dental Services at Community Health Centers; Grants for Community Water Fluoridation; Increasing the Medical Assistance Reimbursement Rates for Dental Services; Making Topical Fluoride Varnish a Covered Service Under the Early and Periodic Screening, Diagnosis, and Treatment Program; Creating a Fluoride Varnish Education Program; Reimbursement for Dental Hygienist Services Under Medical Assistance; Medical Assistance Reimbursement for Dental Cleanings; Requiring the Exercise of Rule-Making Authority; and Making Appropriations
- 2001 Senate Bill 167 and 2001 Assembly Bill 367, Relating to Regional Dental Testing Service Examinations; Dentist Licenses for Individuals Licensed in Another Jurisdiction; the Scope of Practice of Dental Hygienists; Delegation of Dentistry Practices to Dental Hygienists and Unlicensed Individuals; Providing Loan Assistance to Dentists and Dental Hygienists Who Practice in Underserved Areas; Requiring the Technical College System Board to Report on Community Dental Health Education; Requiring the Dentistry Examining Board and the Department of Health and Family Services to Prepare a Joint Report on the Ability of the Dental Work Force to Meet Dental Needs; Requiring the Department of Health and Family Services to Prepare a Plan for a Comprehensive Oral Health Data Collection System; Requiring the Department of Health and Family Services to Report on Prior Authorization for Dental Services Under Medical Assistance; and Requiring the Department of Health and Family Services and the Department of Regulation and Licensing to Prepare Joint Reports on Improved Access to Dental Services and Dental Hygiene Services

May 2, 2001

RL 2001-05



---

**LEGISLATION ON  
DENTAL CARE ACCESS**

Prepared by:  
Laura Rose, Deputy Director, and Richard Sweet, Senior Staff Attorney  
May 2, 2001

---

**CONTENTS**

<b><i>PART I - KEY PROVISIONS OF LEGISLATION.....</i></b>	<b><i>3</i></b>
<b><i>PART II - COMMITTEE ACTIVITY .....</i></b>	<b><i>5</i></b>
<b><i>A. Assignment.....</i></b>	<b><i>5</i></b>
<b><i>B. Summary of Meetings .....</i></b>	<b><i>5</i></b>
<b><i>PART III - LEGISLATION.....</i></b>	<b><i>7</i></b>
<b><i>A. 2001 Senate Bill 166 and 2001 Assembly Bill 366 .....</i></b>	<b><i>7</i></b>
<b><i>B. 2001 Senate Bill 167 and 2001 Assembly Bill 367 .....</i></b>	<b><i>12</i></b>
<b><i>C. Other Recommendations .....</i></b>	<b><i>17</i></b>
<b><i>APPENDIX 1 - COMMITTEE AND JOINT LEGISLATIVE COUNCIL VOTES .....</i></b>	<b><i>25</i></b>
<b><i>APPENDIX 2 - LIST OF JOINT LEGISLATIVE COUNCIL MEMBERS .....</i></b>	<b><i>27</i></b>
<b><i>APPENDIX 3 - LIST OF COMMITTEE MEMBERS.....</i></b>	<b><i>29</i></b>
<b><i>APPENDIX 4 - COMMITTEE MATERIALS LIST .....</i></b>	<b><i>31</i></b>



## **PART I**

### **KEY PROVISIONS OF LEGISLATION**

The Special Committee on Dental Care Access recommended the following proposals to the Joint Legislative Council for introduction in the 2001-02 Session of the Legislature, which were introduced as companion bills by the Joint Legislative Council:

#### **2001 Senate Bill 166 and 2001 Assembly Bill 366:**

- Increase the maximum number of students that qualify for tuition assistance at Marquette University School of Dentistry from 100 to 160 Wisconsin residents; and increase the amount of annual assistance per student from \$11,670 to \$15,000.
- Provide funding for a licensed dental health professional in each of the five Department of Health and Family Services (DHFS) public health administrative regions, to provide dental health outreach and dental care, primarily to persons eligible for Medical Assistance (MA).
- Establish a grant program to provide funds to entities that provide, or seek to provide or expand, dental services to low-income individuals.
- Increase the MA reimbursement rate for dental services to the 75th percentile of fees from the American Dental Association (ADA) fee schedule for the east north central region.
- Authorize MA reimbursement for topical fluoride varnish for young children; for services provided by dental hygienists; and for two dental cleanings per adult per year.
- Provide grants for community water fluoridation.

#### **2001 Senate Bill 167 and 2001 Assembly Bill 367:**

- Make it easier for a dentist licensed in another jurisdiction to become licensed in Wisconsin by: (a) recognizing all four regional dental testing services in the United States instead of the current two recognized by the Dentistry Examining Board (DEB); (b) requiring the DEB to grant a license to a person licensed in a United States or Canadian jurisdiction who has practiced for a specified time and meets other requirements; and (c) requiring the DEB to grant a license to a person licensed in another jurisdiction who is on the faculty at Marquette University School of Dentistry and meets other requirements.
- Expand the practice settings and circumstances in which a dental hygienist may practice without a dentist in the facility and without a prescription from a dentist if specified educational and experience requirements are met.

- Allow for delegation of practices by a dentist to a dental hygienist or unlicensed person with certain restrictions.
- Expand current loan assistance programs in the Department of Commerce to provide loan assistance to dentists and dental hygienists who practice in underserved areas.
- Require the following reports and plans: (a) a report by the Technical College System Board on the feasibility and cost of increasing the number of sites in the system that offer community dental health education; (b) a periodic joint report by the DEB and DHFS on the ability of the dental work force to meet oral health care needs; (c) a plan by DHFS for a comprehensive oral health data collection system; (d) a report by DHFS relating to prior authorization for dental services under MA; and (e) joint reports by DHFS and the Department of Regulation and Licensing (DRL) on whether the provisions of the bills relating to dental hygienists' scope of practice and delegation of practices by dentists have improved access to dental services and dental hygiene services.

## **PART II**

### **COMMITTEE ACTIVITY**

#### **A. ASSIGNMENT**

The Joint Legislative Council established the Special Committee by a May 18, 2000 mail ballot and appointed the Cochairs and members by June 13 and August 14, 2000 mail ballots, respectively. The Special Committee was directed to examine ways to increase access to dental care by underserved populations in Wisconsin, particularly those who are enrolled in MA and BadgerCare. The committee was directed to examine the sufficiency of the number of dental care professionals in Wisconsin and the location of their practices; the number of MA, BadgerCare and other low-income persons they serve; ways to increase dental services being provided to underserved populations in Wisconsin; and reimbursement and administrative issues surrounding the provision of dental services under the MA and BadgerCare programs.

The membership of the Special Committee consisted of 3 Senators, 5 Representatives and 13 Public Members. [A list of the committee membership is set forth in **Appendix 3.**]

#### **B. SUMMARY OF MEETINGS**

The Special Committee held seven meetings at the State Capitol, except as shown, in Madison on the following dates:

September 5, 2000	December 19, 2000 (Department of Veterans Affairs' Board Room)
September 26, 2000	
October 24, 2000	January 16, 2001
November 28, 2000	February 20, 2001

At the September 5, 2000 meeting, the Special Committee reviewed a Staff Brief on dental care issues, including a description of MA and BadgerCare, other programs related to dental care access, educational programs in dental occupations, and dental care licensure and practice laws. In addition, the committee received a briefing from James Vavra, Director, Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, DHFS, regarding MA and BadgerCare.

At the September 26, 2000 meeting, the Special Committee held a public hearing at which 37 persons presented testimony. Persons testifying represented dentists, dental hygienists, community and public health programs, insurers, patients and educational programs.

At the October 24, 2000 meeting, the Special Committee reviewed Memo No. 1, *Summary of Recommendations Offered for Committee Discussion* (October 17, 2000), which set forth the recommendations that had been made either by members of the committee or by persons testifying before the committee. The committee asked that staff revise the memo to take into account some changes that were discussed at that meeting and to include available information regarding cost estimates for some of the proposals that were being made.

At the November 28, 2000 meeting, the Special Committee reviewed Revised Memo No. 1, *Summary of Recommendations Offered for Committee Discussion* (November 21, 2000), which incorporated some of the revisions discussed at the previous meeting and cost estimates. The committee also reviewed information, prepared by staff, regarding MA and BadgerCare, practice of dental hygienists in other states, and data on access to dental services in Indiana, a state that had increased its MA reimbursement rate for dentists. As the committee discussed Revised Memo No. 1, it determined that several of the items in the memo should be prepared in the form of bill drafts and recommendation letters to agencies.

At the December 19, 2000 meeting, the Special Committee completed its discussion of Revised Memo No. 1 and asked that several more bill drafts be prepared for the committee's discussion. In addition, Dr. Thomas Hughes, a public member of the committee, indicated that the Wisconsin Dental Association had been meeting with associations representing dental hygienists to discuss the issues of expanded scope of practice for a dental hygienist and delegation by dentists to trained personnel.

At the January 16, 2001 meeting, the Special Committee reviewed bill drafts that had been requested by the Special Committee based on discussions of Revised Memo No. 1 at previous meetings. The committee gave preliminary approval to several of the bill drafts and the cochairs asked that they be consolidated into two composite drafts--one with the fiscal items and one with the nonfiscal items. In addition, the committee laid over until the next meeting drafts dealing with fluoride varnish and provision of funds to dentists who purchase electronic card readers for determining MA eligibility.

At its February 20, 2001 meeting, the Special Committee approved WLC: 0089/1, with the incorporation into that draft of a separate draft dealing with fluoride varnish. In addition, the committee approved WLC: 0090/1, with amendments discussed at the meeting, and incorporation into that draft of separate drafts dealing with educational licenses for dentists from outside Wisconsin who teach at Marquette University School of Dentistry, licensure in Wisconsin of dentists from other U.S. and Canadian jurisdictions, and scope of practice of dental hygienists and delegation of duties to dental hygienists and unlicensed individuals.



**PART III**  
**LEGISLATION**

This part of the report provides background information on, and a description of, the legislation recommended by the Special Committee on Dental Care Access for introduction in the 2001-02 Session of the Legislature, and introduced into the Legislature by the Joint Legislative Council.

**A. 2001 SENATE BILL 166 AND 2001 ASSEMBLY BILL 366**

**1. Tuition Assistance: Marquette University School of Dentistry**

***a. Background***

Under current law, \$1,167,000 is appropriated in each fiscal year to provide tuition assistance of \$11,670 per year for up to 100 Wisconsin residents attending Marquette University School of Dentistry.

Each year, Marquette University School of Dentistry enrolls more than 100 Wisconsin residents and provides a subsidy for the tuition of those Wisconsin residents out of its own funds. The State of Wisconsin retains approximately 77% of the dentists that graduate from the Marquette University School of Dentistry each year. Because students, particularly Wisconsin resident students, graduating from Marquette tend to stay in Wisconsin, the committee determined that it was important to increase the number of Wisconsin residents enrolled at Marquette University School of Dentistry. The intent of this is to increase the number of dentists graduating from Marquette who subsequently practice in the State of Wisconsin.

Further, total tuition to Marquette University School of Dentistry is \$31,000 per year. The \$11,670 tuition subsidy provided to Wisconsin residents at the school has not been adjusted since 1994-1995; however, tuition has increased over that time. The Special Committee felt it was necessary to provide an adjustment to the tuition subsidy for Wisconsin residents attending Marquette University School of Dentistry. This will increase the incentive for Wisconsin residents to attend school here, as opposed to attending school in Minnesota or other neighboring states.

***b. Description of the Bills***

The bills increase the per student tuition assistance to \$15,000 per year and increase the maximum number of Wisconsin residents who qualify to 160. The amount appropriated for this purpose is increased from the current \$1,167,000 to \$1,725,000 (115 x \$15,000) in fiscal year 2001-02 to reflect an additional 15 Wisconsin residents in the fall 2001 incoming class and to \$1,950,000 (130 x \$15,000) in fiscal year 2002-03 to reflect those 15 students and an additional 15 Wisconsin residents in the fall 2002 incoming class. When fully

implemented in the fall of 2004, the amount of the appropriation would be \$2,400,000 (160 x \$15,000).

## **2. Licensed Dental Health Professionals**

### ***a. Background***

The committee, in discussing the recommendation to provide a licensed dental health professional in each of the five DHFS administrative regions for the Division of Public Health, discussed the need for dental health professionals with a background in public health to focus on increasing efforts to prevent dental disease. The committee, in discussing this proposal, anticipated that these individuals would spend half of their time on outreach activities to increase awareness of where to locate dental care, and on the need for dental prevention services; and would spend the other half of their time providing direct dental services to patients, such as applying sealants. The committee determined that these positions should be funded through the MA program in order to capture federal funds for at least half of the cost of the positions.

### ***b. Description of the Bills***

The bills increase the appropriation for the DHFS under s. 20.435 (4) (bm), Stats., for MA administration by \$132,000 in each year of the 2001-03 biennium to increase the authorized general purpose revenue (GPR) positions for the DHFS by five GPR positions beginning on July 1, 2001. This funding, from the MA appropriation, would provide one licensed dental health professional in each of the five DHFS administrative regions for the division of public health, as prescribed by the DHFS. These five licensed dental health professionals would be responsible for performing dental health outreach services and for providing dental care, primarily to persons eligible for MA.

## **3. Grants for Community Dental Services**

### ***a. Background***

The State of Wisconsin provided \$2.5 million in fiscal year (FY) 1999-2000 and \$3 million in FY 2000-2001 for grants for community health centers which are federally qualified health centers. However, the state does not currently provide financial support for other types of entities, including nonfederally qualified community health care centers, which may provide no dental care or limited dental care to the individuals they serve.

The Special Committee determined that it was necessary to provide funds to supplement the limited dental services currently being provided by these clinics to ensure their continuation; and to also provide funding to entities that wish to start up dental services as part of the services that they provide.

### ***b. Description of the Bills***

The bills increase the DHFS appropriation for community health services under s. 20.435 (5) (fh), Stats., by \$1,600,000 in each year of the 2001-03 biennium. The department

must distribute these funds to qualified applicants for the provision or expansion of dental care services. Under the bills, a “qualified applicant” is an entity that provides, or seeks to provide, dental services to low-income individuals and that is not a federally qualified health center. A qualified applicant that receives a grant must ensure that the following criteria are met:

1. The applicant must make every attempt to collect appropriate reimbursement for its cost in providing dental services to persons who are entitled to BadgerCare, MA, or assistance for medical expenses under any other public assistance or private insurance program.
2. The applicant must prepare and utilize a fee schedule for its services consistent with locally prevailing charges for these services which is designed to cover its reasonable costs and must also have a sliding fee scale for its patients.
3. The applicant must establish a governing board which, except in the case of an applicant which is an Indian tribe or band, is composed of individuals who are representative of persons served by the center and a majority of whom are served by the center or health care entity. The bills set forth the responsibilities of the governing board.
4. The applicant must use any funds provided under the grant program to supplement, and not supplant, other funds that are or may be available to the center.
5. The applicant must implement a patient screening process to determine patient eligibility for MA, BadgerCare, and the sliding fee scale.
6. The applicant must ensure that the following services are also provided:
  - a. Provision of oral health education.
  - b. Provision of dental screening, risk assessment and preventive dental treatment to pregnant women, infants, preschoolers, persons with diabetes, heart disease and lung disease, and persons using psychotropic medication.

Under this program, preference for funding is given to applicants that are located in a dental health professional shortage area.

#### **4. Grants for Community Water Fluoridation**

##### ***a. Background***

Currently, approximately 70% of Wisconsin’s population resides in areas with public water systems. Approximately 90% of this population residing on public water systems has optimally fluoridated water. Current funding in Wisconsin for community fluoridation equipment for areas residing on public water systems is limited to an allocation from the federal prevention block grant in the amount of \$6,000 for the current calendar year. Providing some funding to communities with public water systems may encourage those communities to pursue fluoridation of their water supply. Some of the eligible costs would be the cost of equipment to fluoridate water at each pump house in a community with a public

water system (estimated to be \$4,000 per pump house); the cost of constructing additional building space to house the equipment, if current space is insufficient, and to provide funding to pay the salaries of persons needed to operate this equipment.

***b. Description of the Bills***

The bills provide \$25,000 GPR in each year of the 2001-03 biennium for a community water fluoridation grant program. Under the program, the DHFS must award grants each year to applying communities in Wisconsin for any of the following purposes:

1. Purchase of water fluoridation equipment.
2. Construction of additional building space to house water fluoridation equipment.
3. Payment of salaries of employees who operate water fluoridation equipment.

**5. Coverage of Fluoride Varnish Under the Early and Periodic Screening, Diagnosis and Treatment Program**

***a. Background***

The Special Committee discussed the prevalence of tooth decay in low-income children in Wisconsin and the difficulty that those children have in gaining access to preventive dental care. The committee reviewed the efficacy of applying fluoride varnish to the teeth of very young children, ages birth to five years, and the effectiveness of this treatment in preventing dental caries. The committee reviewed programs in other states where this is currently taking place, including the State of Washington. The committee determined that topical fluoride varnish should be made a covered service under MA under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, to be provided for children ages birth to five for up to three applications of fluoride varnish per year. Providing coverage for this fluoride varnish under the EPSDT program would enable other health care providers, including physicians, nurse practitioners and dental hygienists, to apply topical fluoride varnish in addition to dentists. The fluoride varnish could be applied either as part of a scheduled EPSDT health examination or in addition to such an examination.

***b. Description of the Bills***

The bills provide \$162,930 GPR in FY 2001-02 and \$325,859 GPR in FY 2002-03 to provide coverage under the MA program for topical fluoride varnish through the EPSDT program. The bills require the DHFS to promulgate rules regarding coverage of topical fluoride varnish, which specify the following:

1. That coverage is provided through the EPSDT program for children ages 0 to 60 months of age.
2. That the fluoride varnish may be applied by any EPSDT health care provider acting within their scope of practice and licensure.

3. That payment shall be made for up to three applications per child per year of fluoride varnish.

4. That application of fluoride varnish may be, but is not required to be, provided in conjunction with an EPSDT examination which includes a limited oral screening.

5. That health care professionals providing services under this program shall refer or facilitate referral of children receiving topical fluoride varnish applications to comprehensive dental care rendered by a dental professional.

The bills also require the DHFS to disseminate information to health care professionals providing services under the EPSDT program and to parents or guardians of children eligible for EPSDT services on the availability of, and coverage for, fluoride varnish under EPSDT and the efficacy of fluoride varnish treatments in preventing early childhood caries.

#### **6. MA Reimbursement Rate Increase for Dental Services**

##### ***a. Background***

Under current law, the reimbursement rate under the MA program for dental services is 69% of the usual and customary charges in effect for calendar year 1998 for services to children, and 65% of the usual and customary charges in effect for calendar year 1998 for services to adults. As of June 2000, 57.6% of the licensed dentists in Wisconsin were MA-certified. Further, for FY 2000, 42.3% of licensed dentists in Wisconsin submitted claims under the MA program. For FY 2000, 22% of MA-eligible persons received dental services during that fiscal year.

The committee determined that an increase in reimbursement rates for dental services provided under the MA program would be likely to have an effect of increasing the number of MA-eligible persons who receive dental services in each fiscal year.

##### ***b. Description of the Bills***

The bills provide \$8,614,045 GPR for FY 2001-02 and \$11,628,960 GPR for FY 2002-03 to increase the MA reimbursement rates for dental services. Under the bills, the reimbursement rates are increased to the 75th percentile of the fees from the ADA fee schedule for the east north central region, which includes Wisconsin. The bills specify that for each fiscal year, reimbursement rates shall be established based on the most recently published ADA fee schedule for that year.

#### **7. MA Reimbursement for Dental Hygienist Services**

##### ***a. Background***

Under current law, the MA program does not reimburse for services provided by dental hygienists. If a dental hygienist provides services to an MA-eligible person, the hygienist must bill for the services through a licensed dentist who is MA-certified. Currently,

MA reimburses for dental services, limited to basic services within each of the following categories: diagnostic services, preventive services, restorative services, endodontic services, periodontic services, oral and maxillofacial surgery services, emergency treatment of dental pain, removable prosthodontic services and fixed prosthodontic services.

The committee determined that if it took action to increase the settings in which dental hygienists are able to practice without a prescription from a dentist and without a dentist in the facility (see Part III. B. 4.), that it would be helpful to provide reimbursement under the MA program for these services provided by a dental hygienist.

***b. Description of the Bills***

The bills provide that MA will reimburse for basic services within the above categories provided by dental hygienists for services that are within the scope of practice of a dental hygienist.

**8. MA Reimbursement for Two Dental Cleanings Per Year for Adults**

***a. Background***

The committee discussed the importance of preventive dental treatment in preventing more serious dental problems. The committee heard information which stated that the two dental cleanings per year per person are recommended to prevent more serious dental problems. However, the MA program currently pays for only one dental cleaning and exam per year for adults.

***b. Description of the Bills***

The bills appropriate funds to pay for two dental cleanings per year for adults under the MA program.

**B. 2001 SENATE BILL 167 AND ASSEMBLY BILL 367**

**1. Regional Dental Examinations**

***a. Background***

Under current law, the DEB is required to grant a dentist license to a person who does all of the following: (1) submits an application for licensure; (2) pays the specified fee; (3) submits evidence of graduation from an accredited dental school; (4) submits evidence that he or she has passed the national dental examination and the examination of a dental testing service approved by the board; (5) passes an examination administered by the board on the statutes and rules relating to dentistry; and (6) completes any other requirements established by the board by rule. Currently, the DEB has approved two of the four regional testing services in the United States--the Central Regional Dental Testing Services and the Western Regional Examining Board.

***b. Description of the Bills***

The bills modify the fourth requirement above. Under the bills, the applicant will have to submit evidence that he or she has passed the national dental examination, as required under current law. However, the bills provide that the applicant may pass an examination of either a dental testing service approved by the board or a regional dental testing service in the United States. This would allow an applicant for licensure to pass any of the four regional dental examinations, not just the two that are currently approved by the DEB.

**2. Licensure of Dentists From Other Jurisdictions**

***a. Background***

Current law specifies that the DEB may grant a license to practice dentistry to a person who is licensed in good standing in another state or U.S. territory or another country if the applicant meets the requirements for licensure established by the board by rule and presents the license and pays the specified fee.

***b. Description of the Bills***

The bills require the board to grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory of the United States or in Canada upon presentation of the license, payment of the required fee and submission of evidence satisfactory to the board that he or she has met the seven conditions specified in the bills. The board would be permitted to refuse to grant a license to an applicant following an interview if the board determines that discipline that was imposed against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry.

**3. Educational Dentist's License**

***a. Background***

See item 2. a.

***b. Description of the Bills***

The bills require the DEB to grant a license to practice dentistry to an applicant who is a faculty member at a school of dentistry in Wisconsin if specified conditions are met. Marquette University School of Dentistry is the only school of dentistry in this state. The person must present his or her license to the board, pay the required fee and submit evidence satisfactory to the board that he or she has met the seven conditions specified in the bills, one of which is that he or she is a faculty member at a school of dentistry in this state. The board would be permitted to refuse to grant a license to an applicant following an interview if the board determines that discipline that was imposed against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry. In addition, an educational dentist's license granted under the bills is no longer in effect if the licensee ceases to be a faculty member.

#### **4. Dental Hygienists' Scope of Practice**

##### ***a. Background***

Current law allows a dental hygienist to practice dental hygiene or perform remediable procedures only as an employee or as an independent contractor and only in one of eight specified settings or circumstances. In five of those settings or circumstances, the dental hygienist may practice only if there is a dentist present in the facility or if the practice is being performed pursuant to a dentist's written or oral prescription that meets specified requirements.

The eight settings or circumstances in which a dental hygienist may practice under current law are as follows: (1) in a dental office; (2) for a school board or a governing body of a private school; (3) for a school for the education of dentists or dental hygienists; (4) for a nursing home, community-based residential facility, hospital, specified correctional facility or a facility established to provide care for the terminally ill; (5) for a local health department; (6) for a charitable institution open to the general public or to members of a religious sect or order; (7) for a nonprofit home health care agency; and (8) for a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

##### ***b. Description of the Bills***

The bills retain the eight settings and circumstances in which a dental hygienist may practice. The bills specify that a dental hygienist may practice dental hygiene only if a dentist is present in the facility or pursuant to a dentist's oral or written prescription that meets the requirements set forth in current law, with two exceptions.

The first exception is that a dental hygienist may practice at a school for the education of dental hygienists without a dentist present in the facility and without a written or oral prescription. A dental hygienist may apply sealants on a patient at a school for the education of dental hygienists without a diagnosis or treatment plan by a dentist if the dental hygienist has performed an oral risk assessment, as defined by the bills.

The second exception to the requirement that a dentist be present in the facility or an oral or written prescription be used is set forth in the bills for dental hygienists who meet specified education and experience requirements and practice specified procedures. The dental hygienist will be allowed to perform those practices only in the following settings or circumstances: (1) for a school board or a governing body of a private school; (2) for a facility, as defined in current law, a hospital or a facility established to provide care for terminally ill patients; (3) for a local health department; (4) for a charitable institution open to the general public or to members of a religious sect or order; (5) for a nonprofit home health care agency; and (6) for a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

Under this second exception, the dental hygienist would be permitted to practice as specified in the bills if he or she meets the education and experience requirements under the bills to obtain a separate certificate. In order to obtain such a certificate, the person must have two years experience as a dental hygienist and meet one of four educational requirements.



## **5. Delegation of Dentistry Practices**

### ***a. Background***

Current law allows a dentist to delegate to an unlicensed person the performance of remediable procedures if certain conditions are met. In addition, a dentist may delegate to a dental hygienist the performance of remediable procedures and the administration of oral systemic premedications, local anesthesia and subgingival sustained release chemotherapeutic agents if certain requirements are met.

### ***b. Description of the Bills***

The bills modify the statute on delegation of practices by a dentist to a dental hygienist. The bills allow any dentistry practice not included in dental hygiene to be delegated to a dental hygienist, except for those practices that are prohibited practices by a dental hygienist under current law. In order for the delegation to occur, the delegated acts must be ones that, in the opinion of the dentist and the hygienist, the hygienist is competent to perform based on his or her education, training or experience. In addition, the hygienist's performance of the practice must be inspected by a dentist.

The bills also modify the statute dealing with delegation of remediable procedures to unlicensed persons. In addition to delegation of remediable procedures, the bills permit a dentist to delegate dentistry practices if certain requirements are met. First, the practice must be one that is not one of several prohibitions on delegation enumerated in the bills. Second, the person must have graduated from an accredited dental assistant program or have worked at least 1,000 hours during the preceding 12 months in a clinical dentistry setting. Third, the dentist making the delegation must document in his or her records that the person has been trained or educated to do the dental practice by one of several specified entities. Fourth, the delegated practices must be ones that, in the opinion of the dentist and the individual to whom the practices are delegated, the individual is competent to perform based on his or her education, training or experience.

## **6. Loan Assistance Programs**

### ***a. Background***

Under current law, the Department of Commerce administers a Physician Loan Assistance Program and a Health Care Provider Loan Assistance Program. Current law also has established a Rural Health Development Council, which advises the department on operation of the two programs. The Physician Loan Assistance Program provides loan assistance to physicians who practice in specified eligible practice areas and the Health Care Provider Loan Assistance Program provides such assistance to physician assistants, nurse-midwives, and nurse practitioners who practice in specified eligible practice areas. The amount of the assistance is \$50,000 under the Physician Loan Assistance Program and \$25,000 under the Health Care Provider Loan Assistance Program, both repaid by the department over a three-year period.

***b. Description of the Bills***

The bills expand the Physician Loan Assistance Program to include dentists and rename it the Physician and Dentist Loan Assistance Program. In addition, the bills expand the Health Care Provider Loan Assistance Program to include dental hygienists. Finally, the bills add a dentist and a dental hygienist to the Rural Health Development Council.

***7. Community Dental Health Education Report***

The bills require the Wisconsin Technical College System Board to report on the feasibility and cost of increasing the number of sites in the system that offer community dental health education for dentists and dental hygienists. Currently, such a program is offered at the Northeast Wisconsin Technical College. The report must be submitted to the Governor and the Legislature by the first day of the sixth month after publication of the act.

***8. Dental Work Force Report***

The bills require the DEB and the DHFS to prepare a joint report every five years on the ability of the dental work force to meet the oral health care needs of individuals in Wisconsin. The report must be submitted to the Governor and the Legislature. The first report is due January 1, 2003.

***9. Oral Health Data Collection Plan***

The bills require the DHFS to prepare a plan for development of a comprehensive oral health data collection system. The plan must be submitted to the Governor and the Legislature by September 1, 2002.

***10. Prior Authorization Report***

The bills require the DHFS to prepare a report on its efforts to reduce the requirement for prior authorization for dental services under MA and to simplify the prior authorization process for those services. The report must be submitted to the Governor and the Legislature by the first day of the sixth month after publication of the act.

***11. Access to Services Report***

The bills require DHFS and DRL to jointly prepare reports on whether the provisions of the bills relating to dental hygienists' scope of practice and delegation of dentistry practices have improved access to dental services and dental hygiene services. The reports, which would be submitted to the Governor and to the Legislature, would be done two years and four years after enactment of the bills.

### **C. OTHER RECOMMENDATIONS**

The committee sent four letters addressing various dental access issues. The letters are as follows:

**Item 1** - Letter dated December 8, 2000, to Governor Thompson and Department of Administration Secretary George Lightbourn, recommending continued funding for the state grant program for community health centers.

Governor Tommy Thompson  
Room 125 South  
State Capitol  
Madison, WI 53702

Secretary George Lightbourn  
Department of Administration  
101 East Wilson Street, 10th Floor  
Madison, WI 53703

Dear Governor Thompson and Secretary Lightbourn:

We are writing to you in our capacity as Cochairs of the Joint Legislative Council's Special Committee on Dental Care Access. The committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons.

We are writing to ask that you include in the next biennial budget bill continued funding for the state grant program for community health centers at \$3 million per fiscal year. This would continue at the current level the grant program established in the last biennial budget bill. The Special Committee approved this recommendation by unanimous consent, with no objections. The committee feels that community health centers are a cost-effective way to provide quality health care to underserved persons. With regard to dental care, each of the federally qualified health centers in Wisconsin either provides dentistry on-site or provides dental care on a contracted basis. As you are aware, it is difficult for low-income persons to obtain access to a dentist. Community health centers provide a means for them to do so.

In summary, the Special Committee on Dental Care Access recommends continued state support for community health centers as a means of providing of dental care and other health care to low-income persons.

Sincerely,

---

Representative David Ward, Cochair  
Special Committee on Dental Care Access

---

Senator Rodney C. Moen, Cochair  
Special Committee on Dental Care Access



**Item 2** - Letter dated January 17, 2001, to Secretary Joe Leean, DHFS, in support of dental sealant programs and recommending changes in the way the MA dental program is administered.

Secretary Joseph Leean  
Department of Health and Family Services  
1 West Wilson Street  
Madison, WI 53703

Dear Secretary Leean:

We are writing in our capacity as cochairs of the Joint Legislative Council's Special Committee on Dental Care Access. The Special Committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons.

The Special Committee has spent a substantial amount of time discussing the effectiveness of dental sealants in protecting children's teeth from decay. The Special Committee has already sent a letter of support to Governor Thompson in support of the department's biennial budget request for the GuardCare program and the Seal a Smile program. The Special Committee would like to encourage the department to continue to pursue sealant programs as a means of preventing decay. Specifically, the Special Committee requests the department to investigate an initiative to fund dental sealant programs which would provide sealants for three- to five-year old children determined to be at the greatest risk of tooth decay; to provide sealants for second grade children at the time their first molars erupt; and to provide sealants for fifth grade children at the time their second molars erupt.

The Special Committee has also extensively discussed problems encountered by dental health professionals in claiming reimbursement under the Medical Assistance (MA) program. Although the Special Committee is aware that the department has already worked extensively on this issue through the Medicaid Dental Billing Work Group, the Special Committee would like to support further departmental initiatives to do the following:

1. Continue to make efforts to incorporate all standard American Dental Association (ADA) procedure codes on the MA claim forms for dental services.
2. Permit dental health professionals providing services under the MA program to attach a primary payer's explanation of benefits to the MA claim form in cases where MA is the secondary payer for a claim, rather than requiring providers to enter a MA insurance explanation code.
3. Simplify the MA prior authorization forms and attempt to make them correspond to the pre-estimate forms used by private insurance companies.

4. Reduce, as much as possible, the incidence of MA prior authorization requirements for dental care services.

5. Investigate the feasibility of separating the administration of the dental MA program from the administration of other health care services covered by MA.

The Special Committee on Dental Care Access appreciates the department's willingness to work on issues relating to dental services provided under the MA program. We strongly urge the department to continue the efforts to improve this program, to make it easier for dental health professionals to provide care and to improve the dental health of low-income persons.

Sincerely,

---

Representative David Ward, Cochair  
Special Committee on Dental Care Access

---

Senator Rodney C. Moen, Cochair  
Special Committee on Dental Care Access

**Item 3** - Letter dated January 17, 2001, to Governor Thompson, supporting various DHFS dental-related budget requests.

Governor Tommy Thompson  
Room 125 South  
State Capitol  
Madison, WI 53702

Dear Governor Thompson:

We are writing in our capacity as Cochairs of the Joint Legislative Council's Special Committee on Dental Care Access. The committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons. This letter supplements our December 8, 2000 letter to you in which we expressed support for inclusion in the next biennial budget bill of continued funding for community health centers.

In addition to our earlier recommendation, we wish to express support for the following proposals in the biennial budget request of the Department of Health and Family Services (DHFS):

1. Funding of an additional staff person in DHFS to provide support to increase the number of dental health professional shortage areas (HPSAs).
2. Funding for the GuardCare program and the Seal-a-Smile program. Both programs provide dental sealants to children.
3. Making several changes in Medical Assistance coverage for dental services, including removing prior authorization requirements for full mouth debridement, removing restrictions on root planing, adding coverage of a four surface amalgam restoration and providing reimbursement for a second dental examination for 13- to 20-year olds.

The committee strongly supports efforts to improve oral health and believes that the above recommendations of DHFS will further that goal.

Sincerely,

---

Senator Rodney C. Moen, Cochair  
Special Committee on Dental Care Access

---

Representative David Ward, Cochair  
Special Committee on Dental Care Access

cc: Lieutenant Governor Scott McCallum  
Secretary George Lightbourn  
Members of the Joint Committee on Finance





**Item 4** - Letter dated March 1, 2001, to Secretary Phyllis Dubé, DHFS, relating to exploring different methods for verification of MA eligibility of dental patients.

Secretary Phyllis J. Dubé  
Department of Health and Family Services  
1 West Wilson Street, Room 650  
Madison, WI 53703

Dear Secretary Dubé:

We are writing as cochair of the Joint Legislative Council's Special Committee on Dental Care Access. The Special Committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons.

One problem that was brought to the committee's attention is the expense involved in purchasing swipe card readers or software by health care providers under the Medical Assistance (MA) program. In addition to an initial cost of several hundred dollars, there are transaction fees associated with use of the card readers or software. While there is a toll-free number that health care providers may contact to ascertain a patient's eligibility, this may be a more time consuming method than use of the card readers or software.

At a time when the state is trying to encourage dentists to participate in MA, we need to make it simple and less costly for them to determine MA eligibility for their patients. We urge you to work with the Wisconsin Dental Association to develop a fast and cost-effective means of determining MA eligibility for patients. Anything that can be done to reduce costs for dentists and other health care providers in this regard would reduce disincentives that health care providers might have to participate in MA.

Thank you for giving your attention to this matter and we look forward to your response.

Sincerely,

---

Senator Rodney C. Moen, Cochair  
Special Committee on Dental Care Access

---

Representative David Ward, Cochair  
Special Committee on Dental Care Access

cc: Dennis McGuire, Wisconsin Dental Association



*Committee and Joint Legislative Council Votes*

The following drafts were recommended by the Special Committee on Dental Care Access to the Joint Legislative Council for introduction in the 2001-02 Session of the Legislature:

- WLC: 0089/2, relating to the state contract for dental education; authorizing licensed dental health professional positions in the department of health and family services; funding for dental services at community health centers; grants for community water fluoridation; increasing the medical assistance reimbursement rates for dental services; making topical fluoride varnish a covered service under the early and periodic screening, diagnosis and treatment program; creating a fluoride varnish education program; reimbursement for dental hygienist services under medical assistance; medical assistance reimbursement for dental cleanings; requiring rule-making; increasing appropriations; and making an appropriation, was recommended by a vote of Ayes, 19 (Sens. Moen, Breske and Rosenzweig; Reps. Lasee, Olsen, Schooff and Sherman; and Public Members Bireley, Collins, Dwyer, Filipiak, Hughes, Jecklin, Lobb, Michaelis, Mormann, Peterson, Pfeffer and Reagan); Noes, 1 (Rep. Ward); and Absent, 1 (Public Member Borca).
- WLC: 0090/2, relating to recognition of examinations of regional dental testing services; granting a license to practice dentistry to an individual who is licensed in another jurisdiction; creating an educational license to practice dentistry; the scope of practice of dental hygienists; delegation of dentistry practices to dental hygienists and unlicensed individuals; providing loan assistance to dentists and dental hygienists who practice in underserved areas; requiring the technical college system board to report on community dental health education; requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs; requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system; requiring the department of health and family services to report on prior authorization for dental services under medical assistance; and requiring the department of health and family services and the department of regulation and licensing to prepare joint reports on improved access to dental services and dental hygiene services, was recommended by a vote of Ayes, 20 (Sen. Moen; Reps. Ward, Lasee, Olsen, Schooff and Sherman; Sens. Breske and Rosenzweig; and Public Members Bireley, Collins, Dwyer, Filipiak, Hughes, Jecklin, Lobb, Michaelis, Mormann, Peterson, Pfeffer and Reagan); Noes, 0; and Absent, 1 (Public Member Borca).

At its March 14, 2001 meeting, the Joint Legislative Council voted to introduce WLC: 0089/2 on a roll call vote as follows: Ayes, 17 (Sens. Risser, Baumgart, Burke, Chvala, Darling, George, Grobschmidt, Robson, Rosenzweig and Zien; and Reps. Rhoades, Black, Bock, Freese, Huber, Lehman and Stone); Noes, 2 (Reps. Foti and Gard); and Absent, 3 (Sen.

Panzer; and Reps. Jensen and Krug). [Sen. Panzer asked that the record reflect that had she been present, she would have voted in favor of WLC: 0089/2.] The proposal was subsequently introduced as 2001 Senate Bill 166 and 2001 Assembly Bill 366.

The Joint Legislative Council then voted to introduce WLC: 0090/2 on a roll call vote as follows: Ayes, 18 (Sens. Risser, Baumgart, Burke, Chvala, Darling, George, Grobschmidt, Robson, Rosenzweig and Zien; and Reps. Rhoades, Black, Bock, Foti, Freese, Huber, Lehman and Stone); Noes, 1 (Rep. Gard); and Absent, 3 (Sen. Panzer; and Reps. Jensen and Krug). [Sen. Panzer asked that the record reflect that had she been present, she would have voted in favor of WLC: 0090/2.] The proposal was subsequently introduced as 2001 Senate Bill 167 and 2001 Assembly Bill 367.

**JOINT LEGISLATIVE COUNCIL**

s. 13.81, Stats.

Cochair  
FRED A. RISSE  
*Senate President*  
5008 Risser Road  
Madison, WI 53705-1365

JAMES BAUMGART  
1419 North 16th Street  
Sheboygan, WI 53081-3257

BRIAN BURKE  
*Cochair, Joint Comt. on Finance*  
2029 North 51<sup>st</sup> Street  
Milwaukee, WI 53208-1747

CHARLES J. CHVALA  
*Senate Majority Leader*  
1 Coach House Drive  
Madison, WI 53714-2718

ALBERTA DARLING  
*Ranking Minority Member, Joint  
Comt. on Finance*  
1325 West Dean Road  
River Hills, WI 53217-2537

SPENCER BLACK  
5742 Elder Place  
Madison, WI 53705-2516

PETER BOCK  
4710 West Bluemound Road  
Milwaukee, WI 53208-3648

STEVEN M. FOTI  
*Assembly Majority Leader*  
1117 Dickens Drive  
Oconomowoc, WI 53066-4316

STEPHEN J. FREESE  
*Speaker Pro Tempore*  
310 East North Street  
Dodgeville, WI 53533-1200

## SENATORS

GARY R. GEORGE  
*President Pro Tempore*  
1100 West Wells St., #1711  
Milwaukee, WI 53233-2326

RICHARD GROBSCHMIDT  
912 Lake Drive  
South Milwaukee, WI 53172-1736

MARY PANZER  
*Senate Minority Leader*  
635 Tamarack Drive West  
West Bend, WI 53095-3653

## REPRESENTATIVES

JOHN GARD  
*Cochair, Joint Comt. on Finance*  
481 Aubin St., PO Box 119  
Peshtigo, WI 54157-0119

GREGORY HUBER  
*Ranking Minority Member, Joint  
Comt. on Finance*  
406 South 9th Avenue  
Wausau, WI 54401-4541

SCOTT R. JENSEN  
*Assembly Speaker*  
850 South Springdale Road  
Waukesha, WI 53186-1402

Cochair  
KITTY RHOADES  
*Representative*  
708 4<sup>th</sup> Street  
Hudson, WI 54016-1643

JUDITH ROBSON  
2411 East Ridge Road  
Beloit, WI 53511-3922

PEGGY ROSENZWEIG  
6236 Upper Parkway North  
Wauwatosa, WI 53213-2430

DAVID ZIEN  
1716 63rd Street  
Eau Claire, WI 54703-6857

SHIRLEY KRUG  
*Assembly Minority Leader*  
6105 West Hope Avenue  
Milwaukee, WI 53216-1226

MICHAEL LEHMAN  
1317 Honeysuckle Road  
Hartford, WI 53027-2614

JEFF STONE  
7424 West Forest Home Ave.  
Greenfield, WI 53220-3358

This 22-member committee consists of the majority and minority party leadership of both houses of the Legislature, the cochairs and ranking minority members of the Joint Committee on Finance, and 5 Senators and 5 Representatives appointed as are members of standing committees.



**DENTAL CARE ACCESS,**  
**SPECIAL COMMITTEE ON**

**COCHAIR**

RODNEY C. MOEN  
Senator  
18775 Dewey Street  
Whitehall, WI 54773-8511

ROGER BRESKE  
8800 State Highway 29  
Eland, WI 54427

FRANK LASEE  
1735 Keehan Lane  
Bellevue, WI 54311-6401  
LUTHER S. OLSEN  
N2021 Highway 49  
Berlin, WI 54923

TIM BIRELEY  
President, Humana, Inc.  
111 West Pleasant Street  
P.O. Box 12359  
Milwaukee, WI 53212-0359  
GREGORY J. BORCA  
Chief Executive Officer, Doral  
Dental USA, LLC  
1017 W. Glen Oaks La., Ste. 100  
Mequon, WI 53092-3375  
DAWN COLLINS  
Children's Dental Center of Madison  
2971 Chapel Valley Road, Ste. 202  
Fitchburg, WI 53711-6410

ROBERT A. DWYER  
Dentist, Northern WI Center for  
the Developmentally Disabled  
1425 Park Avenue  
Eau Claire, WI 54701-4818  
TAMMY L. FILIPIAK  
Northcentral Technical College  
473 Locker Road  
Mosinee, WI 54455-9541

**COCHAIR**

DAVID WARD  
Representative  
N3401 Highway G  
Fort Atkinson, WI 53538

PEGGY ROSENZWEIG  
6236 Upper Parkway North  
Wauwatosa, WI 53213-2430

DAN SCHOOFF  
744 Wisconsin Avenue  
Beloit, WI 53511-5537  
GARY SHERMAN  
P.O. Box 157  
Port Wing, WI 54865-0157

DOUG MORMANN  
Director, La Crosse Co. Health Dept.  
300 4<sup>th</sup> Street North  
La Crosse, WI 54601-3228

DENNIS L. PETERSON  
Executive Vice President, Delta  
Dental Plan of Wisconsin  
2801 Hoover Rd., P.O. Box 828  
Stevens Point, WI 54481-0828  
MIDGE PFEFFER  
Education Coordinator, Eastern  
WI Area Health Education Center  
2007 North 7<sup>th</sup> Street  
Sheboygan, WI 53081-2711  
THERESA REAGAN  
Executive Director, Children's  
Health Alliance of Wisconsin  
P.O. Box 1997 MS 957  
Milwaukee, WI 53201-1997

**SENATORS**

**REPRESENTATIVES**

**PUBLIC MEMBERS**

THOMAS HUGHES  
Dentist, Hughes Family Dental Clinic  
P.O. Box 600  
Cassville, WI 53806-0600

ROBERT JECKLIN  
Executive Director, Scenic  
Bluffs Community Health Center  
611 Broadway, P.O. Box 39  
Cashton, WI 54619-0039  
WILLIAM K. LOBB  
Dean, Marquette University  
School of Dentistry  
P.O. Box 1881  
Milwaukee, WI 53201-1881

PEGGY L. MICHAELIS  
Consumer Coordinator, Mental  
Health Center of Dane County  
4410 Winnequah Road  
Monona, WI 53716-2058

**STUDY ASSIGNMENT:** The Committee shall examine ways to increase access to dental care by underserved populations in Wisconsin, particularly those enrolled in Medical Assistance (MA) and BadgerCare. The Committee should: examine the sufficiency of the number of dental care professionals in Wisconsin and the location of their practices; the number of MA, BadgerCare and other low-income persons they serve; ways to increase dental services being provided to underserved populations in Wisconsin; and reimbursement and administrative issues surrounding the provision of dental services under the MA and BadgerCare programs. The Special Committee shall report its recommendations to the Joint Legislative Council by January 1, 2001.

Established by a May 18, 2000 mail ballot; Cochairs appointed by a June 13, 2000 mail ballot; and members appointed by an August 14, 2000 mail ballot. 21 MEMBERS: 3 Senators; 5 Representatives and 13 Public Members.

**LEGISLATIVE COUNCIL STAFF:** Laura Rose, Senior Staff Attorney; Richard Sweet, Senior Staff Attorney; and Rachel Veum, Support Staff.





**Committee Materials List**<sup>\*</sup>

**September 5, 2000 Meeting**

[Staff Brief 00-1](#), Dental Care Access: An Overview (8-30-00)

[DHFS Dental Mandate Proposed Projects](#), Department of Health and Family Services (6-27-00)

[Wisconsin Medicaid Dental Facts FY2000](#), DHFS (8-00)

[Wisconsin Medicaid Measures of Dental Service](#), DHFS (7-99 to 6-00)

[Testimony](#) of Jim Vavra, Bureau of Fee-For-Service Health Care Benefits, Division of Health Care Financing, DHFS (8-5-00)

**September 26, 2000 Public Hearing**

[Access to Quality Dental Care](#) for Persons with Developmental Disabilities, Robert A. Dwyer, DDS, Northern Wisconsin Center for the Developmentally Disabled (undated)

[Dental Needs Survey](#), Robert A. Dwyer, DDS, Northern Wisconsin Center for the Developmentally Disabled (5-26-94)

[Oral Health and Individuals With Developmental Disabilities: What Community-Based Care and Support Providers Think Dentists and Policy Makers Need to Know](#), Richard Brooks (1997)

[“Plan: Expand Ohio Dental Care,”](#) Cincinnati Enquirer (undated).

[Oral Health Access Concerns: A National Issue and a Madison Perspective](#), Madison Department of Public Health (7-00)

**October 24, 2000 Meeting**

[Memo No. 1](#), Summary of Recommendations Offered for Committee Discussion (10-17-00)

[Memo No. 2](#), Continuing Education Requirements for Dentists (10-23-00)

[Biennial Budget Request](#), 2001-2003, Department of Health and Family Services (9-15-00)

[Current and proposed dental health professional shortage areas \(HPSAs\)](#), Department of Health and Family Services

**November 28, 2000 Meeting**

[Revised Memo No. 1](#), Summary of Recommendations Offered for Committee Discussion (10-17-00; Revised 11-21-00)

[Memo No. 3](#), Wisconsin Medicaid and BadgerCare Dental Maximum Fee Schedule (11-21-00)

---

<sup>\*</sup> These materials may be obtained from the Legislative Council's Web site at <http://www.legis.state.wi.us/lc/2000studies.htm>

[\*\*Memo No. 4, Practice of Dental Hygienists\*\*](#) in Selected States (11-21-00)

[\*\*Title XVI of Public Law 106-310\*\*](#) (Children's Health Act of 2000) (10-17-00)

[\*\*Community Dental Health Certificate Option\*\*](#), from Nancy McKenney (10-24-00)

[\*\*Higher Educational Aids Board 2001-03 Biennial Budget Request Narrative\*\*](#)

[\*\*"Position Paper about Increasing Access for Dental Patients"\*\*](#), Wisconsin Dental Association

#### **December 19, 2000 Meeting**

[\*\*Memo No. 5, Data on Indiana Medicaid Dental Services\*\*](#) (11-27-00; revised 12-15-00)

[\*\*Memo No. 6, Physician Loan Assistance Program and Health Care Provider Loan Assistance Program\*\*](#) (12-13-00)

[\*\*Memo No. 7, Outreach Funds Available Under Medical Assistance\*\*](#) (12-18-00)

[\*\*WLCS: 0026/1\*\*](#), relating to recognition of examinations of regional dental testing services

[\*\*WLCS: 0027/1\*\*](#), relating to recognition of individuals licensed as dentists in other jurisdictions

[\*\*WLCS: 0028/1\*\*](#), relating to creating an educational license to practice dentistry

[\*\*WLCS: 0029/1\*\*](#), relating to the state contract for dental education and making an appropriation

[\*\*WLCS: 0030/1\*\*](#), relating to requiring the technical college system board to report on community dental health education

[\*\*WLCS: 0031/1\*\*](#), relating to requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs

[\*\*WLCS: 0033/1\*\*](#), relating to funding for the rural health dental clinic and making an appropriation

[\*\*WLCS: 0034/1\*\*](#), relating to providing loan assistance to dentists and dental hygienists who practice in underserved areas

#### **January 16, 2001 Meeting**

[\*\*WLCS: 0039/1\*\*](#), relating to providing funds for public health dental hygienists and increasing an appropriation

[\*\*WLCS: 0040/1\*\*](#), relating to authorizing public health dental hygienist positions in the department of health and family services and increasing an appropriation

[\*\*WLCS: 0041/1\*\*](#), relating to funding for dental services at community health centers and increasing an appropriation

[\*\*WLCS: 0042/1\*\*](#), relating to grants for community water fluoridation and making an appropriation

[\*\*WLCS: 0043/1\*\*](#), relating to making topical fluoride varnish a covered service under the early and periodic screening, diagnosis and treatment program, creating a fluoride varnish education program, requiring rule-making and increasing an appropriation

[WLCS: 0044/1](#), relating to requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system

[WLCS: 0045/1](#), relating to increasing the medical assistance reimbursement rates for dental services and increasing an appropriation

[WLCS: 0046/1](#), relating to increasing the medical assistance reimbursement rate for the 20 most frequently billed dental procedures and increasing an appropriation

[WLCS: 0048/1](#), relating to reimbursement for dental hygienist services under medical assistance

[WLCS: 0049/1](#), relating to medical assistance reimbursement for dental cleanings and making an appropriation

[WLCS: 0050/1](#), relating to requiring the department of health and family services to report on prior authorization for dental services under medical assistance

[WLCS: 0051/1](#), relating to providing funds to dentists under medical assistance to electronic card readers, granting rule-making authority and making an appropriation

[Draft letter](#), to **Governor Tommy G. Thompson** regarding the Department of Health and Family Services biennial budget request (1-16-01)

[Draft letter](#), to **Secretary Joseph Leean**, Department of Health and Family Services regarding dental access issues

[Letter](#), to **Governor Tommy Thompson and Secretary George Lightbourn**, from Cochairs Ward and Moen (12-8-00)

[2000 Dental Hygiene Workforce Survey Results](#) (12-00)

[Letter](#), from **Jeffrey R. Jones**, D.D.S., Oral and Maxillofacial Surgery Associates of Eau Claire, S.C. (12-5-00)

[Letter](#), from **Joe Leean**, Secretary, Department of Health and Family Services (12-5-00)

[Letter](#), from **Doug Mormann**, Director, La Crosse County Health Department (10-30-00)

[Letter](#), from **Mary Czech-Mrochinski**, Director of State Relations, Marquette University (12-14-00)

[Letter](#), from the **Dentistry Examining Board**, regarding licensure of out-of-state dentists in Wisconsin (1-5-01)

#### **February 20, 2001 Meeting**

[WLC: 0043/2](#), relating to making topical fluoride varnish a covered service under the early and periodic screening, diagnosis and treatment program, creating a fluoride varnish education program, requiring rule-making and increasing an appropriation

[WLC: 0093/1](#), relating to providing an additional payment under the medical assistance program for dentists who are specially certified under the medical assistance program to provide dental services to persons with developmental disabilities; requiring rule-making; and increasing an appropriation

[WLC: 0087/1](#), relating to granting a license to practice dentistry to an individual who is licensed in another jurisdiction

[WLC: 0056/1](#), relating to the scope of practice of dental hygienists and delegation of dental practices to dental hygienists and unlicensed individuals and requiring reports on improved access to dental services and dental hygiene services

[WLC: 0095/1](#), an amendment to WLC: 0056/1

[WLC: 0089/1](#), relating to the state contract for dental education; authorizing public health dental hygienist positions in the department of health and family services; funding for dental services at community health centers; grants for community water fluoridation; increasing the medical assistance reimbursement rates for dental services; reimbursement for dental hygienist services under medical assistance; medical assistance reimbursement for dental cleanings; increasing appropriations; and making an appropriation

[WLC: 0090/1](#), relating to recognition of examinations of regional dental testing services; creating an educational license to practice dentistry; providing loan assistance to dentists and dental hygienists who practice in underserved areas; requiring the technical college system board to report on community dental health education; requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs; requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system; and requiring the department of health and family services to report on prior authorization for dental services under medical assistance

[WLC: 0094/1](#), an amendment to WLC: 0090/1, relating to educational licenses for dentists

[List of dental schools](#) accredited by the American Dental Association

#### **March 14, 2001 Joint Legislative Council Meeting**

[Committee Report No. 5](#), Legislation on Dental Care Access

[WLC: 0089/2](#), relating to the state contract for dental education; authorizing licensed dental health professional positions in the department of health and family services; funding for dental services at community health centers; grants for community water fluoridation; increasing the medical assistance reimbursement rates for dental services; making topical fluoride varnish a covered service under the early and periodic screening, diagnosis and treatment program; creating a fluoride varnish education program; reimbursement for dental hygienist services under medical assistance; medical assistance reimbursement for dental cleanings; requiring rule-making; increasing appropriations; and making an appropriation

[WLC: 0090/2](#), relating to recognition of examinations of regional dental testing services; granting a license to practice dentistry to an individual who is licensed in another jurisdiction; creating an educational license to practice dentistry; the scope of practice of dental hygienists; delegation of dentistry practices to dental hygienists and unlicensed individuals; providing loan assistance to dentists and dental hygienists who practice in underserved areas; requiring the technical college system board to report on community dental health education; requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs; requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system; requiring the department of health and family services to report on prior authorization for dental services under medical assistance; and requiring the department of health and family services and the department of regulation and licensing to prepare joint reports on improved access to dental services and dental hygiene services